

Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Hutton et al.  
 App. No : 10/007,642  
 Filed : November 6, 2001  
 For : BILLING MODIFIER MODULE FOR  
 INTEGRATED EMERGENCY  
 MEDICAL TRANSPORTATION  
 DATABASE SYSTEM  
 Examiner : Martin A. Gottschalk  
 Art Unit : 3626

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

June 2, 2005

(Date)

Raimond J. Salenieks, Reg. No. 37,924

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Amendment in 8 pages.

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims > 20	18 - 20 = 0	2202 (\$25)	0 x 25 =	\$0
Independent > 3	2 - 3 = 0	2201 (\$100)	0 x 100 =	\$0
Multiple Claim	1.16(j)	2203 (\$180)		\$0
1 Month Extension	1.17(a)(1)	2251 (\$60)		\$0
2 Month Extension	1.17(a)(2)	2252 (\$225)		\$225
3 Month Extension	1.17(a)(3)	2253 (\$510)		\$0
<b>TOTAL FEE DUE</b>				<b>\$225</b>

Docket No.: GOLDENH.006A

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- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$225 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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Raimond J. Salenieks  
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Agent of Record  
Customer No. 20,995  
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